

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22	1					
23	1					
24	1					
25		many				
26		many				
27		many				
28		many				
29		many				
30		many				
31		many				
32		many				
33		many				
34		many				
35	1					
36	1					
37		1				
38	1					
39		1				
40		1				
41		1				
42		1				
43		1				
44	1					
45		1				
46		1				
47		1				
48		1				
49		1				
50	1					
TOTAL IND.	9					
TOTAL DEP.	62					
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		2				
53		2				
54		2				
55		2				
56		2				
57		2				
58		2				
59		2				
60	1					
61		1				
62		1				
63	1					
64		1				
65	1					
66		1				
67	1					
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	5		14			
TOTAL DEP.	20		82			
TOTAL CLAIMS			96			

BEST AVAILABLE COPY